



The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$740.00
Total Claims	17- 20 =	0	x \$18.00	\$
Independent Claims	2- 3 =	0	x \$84.00	\$
Multiple Dependent Claim Fee		x \$280.00 = \$0.00		
<b>TOTAL FILING FEE</b>		<b>\$740.00</b>		

1/2 FILING FEE FOR SMALL ENTITY	\$00
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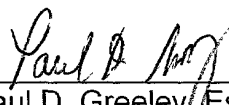
       No fee enclosed – filing by missing parts.

**XXX** A check in the amount of \$ 740.00 for the filing fee is enclosed.

**XXX** The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

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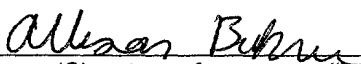
February 8, 2002  
Date of Signature

  
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